٠,
Ç)
ÆĹ
(mrd
\checkmark
ПJ
C)
Ś
C)
¢٥
N

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	y one) 17 18 19a 19b
Any Information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used		
NAME OF COMMITTEE (In Full) Friends of Joe Lieberman	me and address of any political	COMMINGE TO	SOILOR CONTRIBUTIONS WOTH SUCH COMMITTEE
Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee			Transaction ID: D221115 Date of Disbursement M M
Mailing Address 120 Maryland Avenue, NE			
City Washington	State Zip Code DC 20002-5610		Amount of Each Disbursement this Perio
Purpose of Disbursement Unlimited Transfer to National Party Committee Candidate Name Category/			Refund or Disposal of Excess Contributions Required Under
Democratic Senatorial Campaign Commit Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Monocle Restaurant			Transaction ID: D222839 Date of Disbursement
Mailing Address 107 D St NE	E		08 20 2008
City Washington Purpose of Disbursement Meals - Officially Connected Candidate Name	State Zip Code 20002-5613	Category/	Amount of Each Disbursement this Period 457.00 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: 2012	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) People's Bank Credit Card Services			Transaction ID: D221218 Date of Disbursement
Mailing Address PO Box 42010	-		07 15 2008
City Providence	State Zip Code RI 02940-2010		Amount of Each Disbursement this Perio
Purpose of Disbursement Credit Card Payment, See Below Candidate Name Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	ement For: 2008 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optiona	l)	>	102428.00
TOTAL This Period (last page this line number on	ly)	>	FEC Schedule B (Form 3) (Revised